242518

STATE OF SOUTH CAROLINA (Caption of Case)	BEFORE THE PUBLIC SERVICE COMMISSION
Example: Application for a Class C Charter Certificate from John Doe dba Doe's Limo Savan Stars Luxury L L C	OF SOUTH CAROLINA TRANSPORTATION COVER SHEET
Seven Stars luxury LLC () () (Please type or print)	DOCKET NUMBER: 213 - 111 - 1 If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.
Submitted by: Khaled Rahhal	Telephone: 214 708 0300
Address: 1723 telfair way	Fax:
Charleston SC 29412	Other:
	Email: khaled_rahhal@msn.com
NOTE: The cover sheet and information contained herein neither replace as required by law. This form is required for use by the Public Service of be filled out completely.	es nor supplements the filing and service of pleadings or other papers Commission of South Carolina for the purpose of docketing and must
NATURE OF ACTION	(Check all that apply)
Application - Class A/A Restricted	Request for Name Change on Certificate
Д прристивент в при	Request to Amend Scope of Authority
X Application - Class C Charter	Request to Amend Tariff (rate increase, etc.)
Application - Class C Charter Bus	Request to Amend Passenger Limit
Application - Class C Non-Emergency	Request
Application - Class C Stretcher Van	Exhibit
Application - Class E Household Goods	Late-Filed Exhibit
Application - Class E Hazardous Waste	Letter MAR 2
Application	Proposed Order Cost Psychology
Request for Extension to Comply with Order	Letter Proposed Order Publisher's Affidavit Reservation Letter
Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded	Noscivation better
Request for Cancellation of Certificate	Response Return to Petition
Request for Suspension	Other:
Request for Reinstatement	

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.



PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA

101 Executive Center Drive, Suite 100
Columbia, South Carolina 29210
(Mailing address: Post Office Drawer 11649, Columbia, SC 29211)

Phone: (803) 896-5100 Fax: (803) 896-5199

APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR OPERATION OF MOTOR VEHICLE CARRIER

	Date: FEB 15, 2013
CLASS C - CHARTER	
Application is hereby made for a Certificate of Publ of S.C. Code Ann., § 58-23-10, et seq. (1976), and a	lic Convenience and Necessity, in accordance with the provision amendments thereto.
1. Name under which business is to be conducted (corpo	oration, partnership, or sole proprietorship, with or without trade name.)
Seve	en Stars luxury LLC
1723 Telfaii	way Charleston SC 29412
Street	Address of Applicant
•	
Mailing Address of Ap	plicant (if different from street address)
843 900 1000	
Phone	Fax
khale	_rahhal@msn.com
	Email Address
 If the Applicant is an LLC or a corporation, a copy Secretary of State and the Articles of Incorporation Carolina Secretary of State "Foreign Corporation" 	y of the Certificate of Existence from the South Carolina must be attached. (If incorporated outside of SC, attach South Certificate.)
3. Select Entity Type: (Check one)	
Individual Owner/Sole Proprietorship	
Partnership - List names and addresses of all	person having an interest in the business
○ Corporation - List names and addresses of two	Definction officers
Khaled Rahhal 1723 Telfair way charleston sc 29412	. April concess.

Applicant is financially able to furnish the services as specified in this application and submits the following

BALANCE SHEET

Balance	at Time Applica	ation is	Filed:	
Month	FEB	Year	2013	

Assets:

Cash	8000
Receivables	
Real Estate	15000
Buildings and Equipment (Net)	
Motor Vehicles (Net)	14000
Garage Equipment (Net)	2.1000
Machinery and Tools (Net)	
Supplies on Hand	2000
Prepaids and Other Assets	2000
Total Assets*	39000
Liabilities and Equity:	
Accounts Payable	
Notes Payable	
Mortgages Payable	
Equipment Obligations	
Accrued Salaries and Wages	
Other Accrued Obligations	
Other Liabilities	
Total Liabilities	0
Capital Stock	
Retained Earnings	
Total Equity	
Fotal Liabilities and Equity*	

^{*} Total Assets = Total Liabilities and Equity

PROPOSED RATES AND CHARGES FOR SERVICE

3.25 per mile				
200 an hour				
Requested Scor	oe of Authority: Check	call counties in which	h vou are requesting	
Tou will only b	pe of Authority: Check be allowed to operate i	n those counties chec	ked helow. You may	permission to operate / request "Statewide"
Tou will only b	be of Authority: Check be allowed to operate in a intend to operate in a	n those counties chec	ked helow. You may	permission to operate request "Statewide"
Tou will only b	e anowed to operate i	n those counties chec	ked helow. You may	permission to operate request "Statewide"
authority if you	intend to operate in a	n those counties chec Il counties in South C	ked below. You may Carolina.	request "Statewide"
authority if you Abbeville	intend to operate in a	n those counties chec Il counties in South C	ked below. You may Carolina.	request "Statewide" Saluda
authority if you Abbeville	intend to operate in a Cherokee Chester	Il counties in South C Florence Georgetown	ked below. You may Carolina. Lee Lexington	request "Statewide" Saluda Spartanburg
authority if you Abbeville Aiken Allendale	intend to operate in a Cherokee Chester Chesterfield	n those countres chec Il counties in South C Florence Georgetown Greenville	ked below. You may Carolina. Lee Lexington Marion	request "Statewide" Saluda Spartanburg Sumter
authority if you Abbeville Aiken Allendale Anderson	intend to operate in a Cherokee Chester Chesterfield Clarendon	n those countres chec Il counties in South C Florence Georgetown Greenville Greenwood	ked below. You may Carolina. Lee Lexington Marion Marlboro	request "Statewide" Saluda Spartanburg Sumter Union
authority if you Abbeville Aiken Allendale Anderson Bamberg	intend to operate in a Cherokee Chester Chesterfield Clarendon Colleton	n those countres chec Il counties in South C Florence Georgetown Greenville Greenwood Hampton	ked below. You may Carolina. Lee Lexington Marion Marlboro McCormick	request "Statewide" Saluda Spartanburg Sumter Union Williamsburg
authority if you Abbeville Aiken Allendale Anderson Bamberg Barnwell	intend to operate in a Cherokee Chester Chesterfield Clarendon Colleton Darlington	n those countres check Il counties in South C Florence Georgetown Greenville Greenwood Hampton Horry	ked below. You may Carolina. Lee Lexington Marion Marlboro McCormick Newberry	request "Statewide" Saluda Spartanburg Sumter Union Williamsburg
authority if you Abbeville Aiken Allendale Anderson Bamberg Barnwell Beaufort	intend to operate in a Cherokee Chester Chesterfield Clarendon Colleton Darlington Dillon	n those countres chece Il counties in South C Florence Georgetown Greenville Greenwood Hampton Horry Jasper	ked below. You may Carolina. Lee Lexington Marion Marlboro McCormick Newberry Coonee	request "Statewide" Saluda Spartanburg Sumter Union Williamsburg York

DESCRIPTION OF EQUIPMENT

You are **not** required to own a vehicle to file an application. However, prior to being issued a certificate by ORS, you will be required to have obtained a vehicle.

<u>Maximum Number of Passengers Vehicle is Equipped to Carry:</u> (The number of passengers a vehicle is equippe to carry is based on the number of <u>seatbelts</u> in the vehicle, including the driver's seatbelt.)
8-15 Passengers, including driver

MAKE	YEAR & MODEL	VIN#	EN ADOMA MARIA
			EMPTY WEIGH

INSURANCE QUOTE

This form MUST BE COMPLETED AND SIGNED by an AUTHORIZED INSURANCE COMPANY REPRESENTATIVE.

The insurance quote must be complete, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of insurance policies unless requested. You will not be required to

The following insurance quote is for:
Seven Stars Luxury LLC Name of Applicant
Name of Applicant
1723 Telfair way Charleston SC 29412 Address of Applicant
Address of Applicant
Amount of Premium:
Limits Quoted: (See Below)
Liability Insurance \$ 2500.00 Limits100,000 csl
The above quoted premium is for a term of 12 months.
Minimum Limits - Intrastate Only:
1-7 Passengers* \$ 25,000/50,000/25,000 * Passengers = Number of seatbelts in the vehicle
8-15 Passengers* \$ 25,000/100,000/25,000 including the driver's seatbelt
5 4 30,000,23,000
Starnet Insurance
Name of Insurance Company
2843-B W Palmetto St
Home Office Address of Company
I am familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.
3-26-13 Jammy Poston
Date Authorized Insurance Company Representative's Signature
and company representative's signature

NOTICE:

If you wish to self-insure your motor vehicles for liability and property damage, you must comply with S.C. Code Ann. Sections 56-9-60 and 58-23-910. For more information, contact Vickie Coker with the Department of Motor Vehicles at (803) 896-8457.

If you wish to apply as a self-insured for worker's compensation coverage in South Carolina you may do so with the South Carolina Worker's Compensation Commission (WCC) provided that you will be able to: 1) post a surety bond or letter-of-credit with the WCC for a minimum of \$500,000, 2) agree to pay a yearly self-insurance tax, and 3) agree to pay an annual assessment to the South Carolina Second Injury Fund. For more information, contact the WCC Self-Insurance Division at (803) 737-5712 or on the web at www.wcc.state.sc.us/self-insurance.

Exhibit Fit, Willing, and Able (FWA)

	Khaled Rahhal Name of Applicant
1	 Are there currently any outstanding judgments against the Applicant? Yes No
	If Yes, indicate nature of judgement(s) against applicant.
2.	Is Applicant familiar with all statutes and regulations, including safety regulations and governing for-hire motor carrier operations in South South Carolina, and does Applicant agree to operate in compliance with these
	• Yes O No
3.	Is Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith? • Yes • No

Exhibit on Driver Qualifications

	1. Applicant understa	ands that all drivers must be	a minimum of 18 years of age.
	• Yes	○ No	or age.
2	 Applicant understa and such record fro be maintained in th 	ands that a certified copy of to the DMV of the state in vote Applicant's business office	he driver's three (3) year driving record issued by the SC DMV which the driver is or has been domiciled for such period must
	• Yes	○ No	
3.	Applicant understarmust be maintainedYes	nds that a criminal history ba in the Applicant's business of No	ackground check from the state where the driver currently lives office.
4.	Applicant understan their possession who state of residence of	ds that all drivers operating on operating a charter vehicle the driver.	a vehicle under a Class C Taxi Certificate must have in e, a valid driver's license issued by the SC DMV or the current
	Yes	O No	
5.	Applicant understand vehicles to drivers w State Law Enforcement	ds that all Class C Taxi Certi ho are registered, or required ent Division or any national No	ficate holders are prohibited from employing or leasing I to be registered, as sex offenders with the South Carolina registry of sex offenders.

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA POST OFFICE DRAWER 11649 COLUMBIA, SOUTH CAROLINA 29211

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (Volume 26, S.C. Code Ann. Regs., 1976), and R.38-400 through R.38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Volume 23A, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

The Applicant for the Certificate of Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.

khaled rahhal	1. Laked Kirms
Applicant's Signatu	ire
Owner	
Title of Applicant (e.g. Presiden	t, Owner, etc.)

This Conday of March, 2013

Commission Expires 5/4/2015

The State of South Carolina



Office of Secretary of State Mark Hammond

Certificate of Existence

I, Mark Hammond, Secretary of State of South Carolina Hereby certify that:

SEVEN STARS LUXURY, LLC, A Limited Liability Company duly organized under the laws of the State of South Carolina on March 1st, 2013, with a duration that is at will, has as of this date filed all reports due this office, including its most recent annual report as required by section 33-44-211, paid all fees, taxes and penalties owed to the Secretary of State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to section 33-44-809 of the South Carolina Code, and that the company has not filed a certificate of cancellation as of the date hereof.

Given under my Hand and the Great Seal of the State of South Carolina this 14th day of February, 2013

Mark Hammon O

Mark Hammond, Secretary of State